MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
DIVISION OF REGULATION AND LICENSURE
SECTION FOR LONG TERM CARE REGULATION

RESIDENT CARE SURVEY – RCF/ALF

FACILITY NAME	FACILITY ID NUMBER	DATE

ADDRESS (STREET, CITY, ZIP CODE)

CAPACITY	CENSUS	DMH PLACED RESIDENTS	VA RESIDENTS

NUMBER OF RESIDENTS	CATEGORY
	1. Residents using canes
	2. Residents using walkers
	3. Residents using wheelchairs
	4. Residents requiring staff assistance with transfer or ambulation
	5. Residents who are legally blind
	6. Residents who are legally deaf or require use of hearing aids
	7. Residents with catheters
	8. Residents who are frequently to totally incontinent of bladder and/or bowel
	9. Residents physically needing assistance to exit building
	10A. Residents who are incapable of physically, cognitive, or having any other impairment that prevents the individual from safely evacuating the facility with minimal assistance.
	10B. The number of residents mentally incapable of negotiating a path to safety and eligible to remain in the facility per 19 CSR 30-86.045. Identify these residents by name under comments.
	11. Residents with a mental illness diagnosis
	12. Residents with modified (therapeutic) diets
	13. Residents who have pressure sores/ulcers
	14. Residents who self-administer prescription or over-the-counter medication
	15. Residents who are diabetic and are insulin dependent
	16. Residents who are diabetic and use oral medications for treatment
	17. Residents who have experienced or sustained falls (in past 60 days)
	18. Residents with diagnosis of Alzheimer's or dementia
	19. Residents admitted to hospital during last 45 days
	20. Residents who required infectious disease treatment within last 60 days
	21. Residents receiving Hospice
	22. New residents in last 30 days
	23. Residents who reside above first floor
	24. Residents who require use of oxygen
	25. Residents who are an elopement risk

COMMENTS:

I AFFIRM THE ABOVE INFORMATION TO BE AN ACCURATE STATEMENT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF FACILITY REPRESENTATIVE	DATE